Electronic Claim Form

Claim Reference No : DOMI6000144560_29032025004541

Employee Details

Employee name:	paal erik thelle barbeau	**Employee Id:**	1093965
Member ID:	6000144560		

Details of the claimant (Patient Details)

Name:	paal erik thelle barbeau	**Relationship:**	Self

Claim Details

Nature of illness:	thyroid	**Country of Incidence:**	
Total invoice amount:	89.7	**Invoice Currency:**	EUR
Date of Treatment:	28th-Mar-2025	**Date of Incident:**	

Medical Expenses breakup

No	Bill No.	Bill Date	Bill Amount
1	01	28 Mar 2025	89.70